



# St. Gregory the Great

## Catholic Church

### Religious Education Department

## New Families Registration 2021-2022

*"Let the little children come to me, and do not hinder them, for the kingdom of heaven belongs to such as these."*  
Matthew 19:14

Today's Date:

/ /

Parish Registration #:

Family Name (*With whom student lives*):

Street Address:

City/State:

Zip Code:

Home Phone: ( )

When sending mail, address to (*select one*):

Mr./Mrs.

Mr.

Mrs.

Miss

Dr./Mrs.

Dr./Mr.

Other:

#### Parents/Guardians

Parent/Guardian Name:

Relationship to Child:

Occupation:

Cell Phone: ( )

Work Phone: ( )

E-mail Address:

Religion:

Marital Status:

Parent/Guardian Name:

Relationship to Child:

Occupation:

Cell Phone: ( )

Work Phone: ( )

E-mail Address:

Religion:

Marital Status:

I,

, am interested in being considered as a Religious Education volunteer for:

Teacher

Aide

Other

**Names of Children Registering for CCD:**

1

2

3

4

**Tuition and Fees** *(per year):*

One Child: \_\_\_\_\_ \$140      Confirmation Fee: \_\_\_\_\_ \$ 35  
 Two Children: \_\_\_\_\_ \$165      (\$25 - Spirit Days and \$10 - Robe)  
 Three or More Children: \_\_\_\_\_ \$ 200      Bible Fee\*: \_\_\_\_\_ \$ 15

**For office use only**

Children Enrolled #:	Total due: \$	Check #:
Tuition: \$	Amount Paid: \$	Cash: <i>(Receipt #)</i>
Bible / Sacrament Fees: \$	Amount due: \$	CC #:

## Student 1 Information

Student Name:

Birth date:      /      /      Male:      Female:      Baptized Roman Catholic:      Yes      No

School Name:      School Grade:      (2021-2022)

Birth Mother:      Religion:

Birth Father:      Religion:

### Sacraments Received

Please select yes or no. If yes, where and when?

Y	N	Baptism:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			
Y	N	Reconciliation:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			
Y	N	1 <sup>st</sup> Communion:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			

Please indicate which class day your child will attend:      **Monday**      **Thursday**

#### SESSION I - 5:00 PM TO 6:30 PM (Only students preparing for First Holy Communion)

Grade 1      Grade 2      Grade 3      Grade 4      Grade 5

**First** year of preparation for **First Communion**:

**Second** year of preparation for **First Communion**:

#### SESSION II - 6:00 PM TO 7:30 PM

Grade 3      Grade 4      Grade 5      Grade 6      Grade 7      Grade 8

**First** year of preparation for **Confirmation (7th or 8th Grade only)**:

**Second** year of preparation for **Confirmation (8th Grade only)**:

#### SESSION III - 7:00 PM TO 8:30 PM | THURSDAY ONLY (Only students preparing for First Holy Communion or Confirmation)

6-8 Grade      High School (HS)

**First** year of preparation for **First Communion**:

**Second** year of preparation for **First Communion**:

**First** year of preparation for **Confirmation (HS only)**:

**Second** year of preparation for **Confirmation (HS only)**:

## Student Health Emergency Information

### Emergency Contact Information

Please list two other people that can be contacted in case of an emergency  
Please write other than parent/guardian names as Emergency Contact)

Name:

Relationship:

Address:

Cell Phone: (      )

Home Phone: (      )

Name:

Relationship:

Address:

Cell Phone: (      )

Home Phone: (      )

### Indicate Special Health Concerns:

Physician:

Phone: (      )

Hospital of choice:

Phone: (      )

Address:

I, the undersigned, do hereby authorize officials of Saint Gregory The Great Religious Education Department to contact directly the person named on this form and do authorize the named physician or his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other person listed on this form cannot be contacted, the Religious Education Department officials are hereby authorized to take whatever action deemed necessary in their judgment for the health of the aforesaid student. I will not hold St. Gregory the Great Church financially responsible for the emergency care and/or transportation for said students.

**I, as parent/guardian, and my student agree to abide by the rules and regulations of  
St. Gregory the Great Religious Education Program.**

Parent/Guardian signature:

Date:      /      /

## Student 2 Information

Student Name:

Birth date:      /      /      Male:      Female:      Baptized Roman Catholic:      Yes      No

School Name:      School Grade:      (2021-2022)

Birth Mother:      Religion:

Birth Father:      Religion:

### Sacraments Received

Please select yes or no. If yes, where and when?

Y	N	Baptism:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			
Y	N	Reconciliation:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			
Y	N	1 <sup>st</sup> Communion:			Date:	/	/
			<i>Church Name</i>	<i>City and State (Country)</i>			

Please indicate which class day your child will attend:      **Monday**      **Thursday**

#### SESSION I - 5:00 PM TO 6:30 PM (Only students preparing for First Holy Communion)

Grade 1      Grade 2      Grade 3      Grade 4      Grade 5

**First** year of preparation for **First Communion:**      **Second** year of preparation for **First Communion:**

#### SESSION II - 6:00 PM TO 7:30 PM

Grade 3      Grade 4      Grade 5      Grade 6      Grade 7      Grade 8

**First** year of preparation for **Confirmation (7th or 8th Grade only):**

**Second** year of preparation for **Confirmation (8th Grade only):**

#### SESSION III - 7:00 PM TO 8:30 PM | THURSDAY ONLY (Only students preparing for First Holy Communion or Confirmation)

6-8 Grade      High School (HS)

**First** year of preparation for **First Communion:**      **Second** year of preparation for **First Communion:**

**First** year of preparation for **Confirmation (HS only):**      **Second** year of preparation for **Confirmation (HS only):**

## Student Health Emergency Information

### Emergency Contact Information

Please list two other people that can be contacted in case of an emergency  
Please write other than parent/guardian names as Emergency Contact)

Name:

Relationship:

Address:

Cell Phone: (      )

Home Phone: (      )

Name:

Relationship:

Address:

Cell Phone: (      )

Home Phone: (      )

### Indicate Special Health Concerns:

Physician:

Phone: (      )

Hospital of choice:

Phone: (      )

Address:

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St. Gregory the Great Religious Education Program.**

Parent/Guardian signature:

Date:      /      /

## Student 3 Information

Student Name:

Birth date:      /      /      Male:      Female:      Baptized Roman Catholic:      Yes      No

School Name:      School Grade:      (2021-2022)

Birth Mother:      Religion:

Birth Father:      Religion:

### Sacraments Received

Please select yes or no. If yes, where and when?

Y	N	Baptism:			Date:      /      /
			<i>Church Name</i>	<i>City and State (Country)</i>	
Y	N	Reconciliation:			Date:      /      /
			<i>Church Name</i>	<i>City and State (Country)</i>	
Y	N	1 <sup>st</sup> Communion:			Date:      /      /
			<i>Church Name</i>	<i>City and State (Country)</i>	

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**First** year of preparation for **Confirmation (7th or 8th Grade only)**:

**Second** year of preparation for **Confirmation (8th Grade only)**:

#### SESSION III - 7:00 PM TO 8:30 PM | THURSDAY ONLY (Only students preparing for First Holy Communion or Confirmation)

6-8 Grade      High School (HS)

**First** year of preparation for **First Communion**:

**Second** year of preparation for **First Communion**:

**First** year of preparation for **Confirmation (HS only)**:

**Second** year of preparation for **Confirmation (HS only)**:

## Student Health Emergency Information

### Emergency Contact Information

Please list two other people that can be contacted in case of an emergency  
Please write other than parent/guardian names as Emergency Contact)

Name:

Relationship:

Address:

Cell Phone: (       )

Home Phone: (       )

Name:

Relationship:

Address:

Cell Phone: (       )

Home Phone: (       )

### Indicate Special Health Concerns:

Physician:

Phone: (       )

Hospital of choice:

Phone: (       )

Address:

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St. Gregory the Great Religious Education Program.**

Parent/Guardian signature:

Date:       /       /